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Third Review Conference of the States Parties to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction

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Review of the operation and status of the Convention

Draft
Review of the operation and status of the Convention on the prohibition of the use, stockpiling, production and transfer of anti-personnel mines and on their destruction, 2010–2014

Part II

Submitted by the President of the Third Review Conference

Clearing mined areas

1. At the close of the Cartagena Summit, 55 States Parties had reported areas under their jurisdiction or control in which anti-personnel mines were known or suspected to be emplaced and hence had been or were required to fulfil the obligations contained in Article 5 of the Convention: Afghanistan, Albania, Algeria, Angola, Argentina, Bhutan, Bosnia and Herzegovina, Bulgaria, Burundi, Cambodia, Chad, Chile, Colombia, Congo, Costa Rica, Croatia, Cyprus, the Democratic Republic of the Congo, Denmark, Djibouti, Ecuador, Eritrea, Ethiopia, France, Greece, Gambia, Guatemala, Guinea Bissau, Honduras, Iraq, Jordan, Malawi, Mauritania, Mozambique, Nicaragua, Niger, Nigeria, Peru, Rwanda, Senegal, Serbia, Sudan, Suriname, Swaziland, Tajikistan, Thailand, The former Yugoslav Republic of Macedonia, Tunisia, Turkey, Uganda, the United Kingdom of Great Britain and Northern Ireland, Venezuela (Bolivarian republic of), Yemen, Zambia and Zimbabwe.

2. Since the Cartagena Summit, the following has transpired:

(a) The Convention entered into force for two states parties – Somalia and South Sudan – that have reported areas under their jurisdiction or control in which anti-personnel mines are known or suspected to be emplaced.

(b) Of the States Parties for which the Convention entered into force prior to the Cartagena Summit, two, since the Cartagena Summit, reported areas under their jurisdiction or control in which anti-personnel mines were known or suspected to be emplaced: Hungary, Germany.

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(c) A total of 13 States Parties that had reported areas under their jurisdiction or control in which anti-personnel mines were known or suspected to be emplaced reported that they had completed implementation of Article 5 of the Convention: Bhutan, Burundi, Republic of the Congo, Denmark, Gambia, Germany, Guinea-Bissau, Hungary, Jordan, Nicaragua, Nigeria, Uganda and Venezuela.

3. Given what has transpired since the Cartagena Summit, in total there are 59 States Parties that have reported that they had been or are required to fulfil the obligations contained in Article 5, paragraph 1 of the Convention. Of these, 28 have now reported that they have fulfilled their obligations to destroy or ensure the destruction of all anti-personnel mines in mined areas. There are now 31 that must still fulfil this obligation: Afghanistan, Algeria, Angola, Argentina, Bosnia and Herzegovina, Cambodia, Chad, Chile, Colombia, Croatia, Cyprus, the Democratic Republic of the Congo, Ecuador, Eritrea, Ethiopia, Iraq, Mauritania, Mozambique, Niger, Peru, Senegal, Serbia, Somalia, South Sudan, Sudan, Tajikistan, Thailand, Turkey, the United Kingdom of Great Britain and Northern Ireland, Yemen, and Zimbabwe. In the Cartagena Action Plan, the States Parties expressed their resolve "to ensure the expeditious identification of all mined areas under their jurisdiction or control and to ensure the clearance and release of these areas as soon as possible, even if an extension has been granted."[1]

4. In 2010 Afghanistan reported that 4,418 confirmed hazardous areas totalling 253,427,904 square meters and 512 suspected hazardous areas totalling 70,723,362 square meters remained to be addressed. Since 2010 Afghanistan has been implementing survey and clearance operations, which continue to this day, and now reports its remaining challenge to be 2,534 confirmed hazardous areas totalling 140,802,747 square meters and 281 suspected hazardous areas totalling 35,799,581 square meters. Afghanistan's extended deadline to complete implementation is 1 March 2023. Afghanistan has reported that, if sufficient funding is obtained, it is on track to complete implementation by this deadline.

5. In 2010 Algeria reported that 41 confirmed hazardous areas on its eastern borders totalling 620,000,000 square metres and 12 confirmed hazardous areas on its western borders measuring 736,000,000 square meters remained to be addressed. Algeria now reports that its remaining challenge amounts to 18 confirmed hazardous areas on its eastern borders totalling 1,734,598 square meters and 8 confirmed hazardous areas on its western borders totalling 1,323,890 square meters. Algeria's extended deadline to complete implementation is 1 April 2017. Algeria has reported that, if sufficient funding is obtained, it is on track to complete implementation by this deadline.

6. In 2010 Angola reported a total of 2,082 suspected hazardous areas measuring 726,417,326 square meters remaining to be addressed. Since 2011 Angola has been carrying out non-technical survey of these areas in order to update and improved the quality of the information in their national database and has reported that today it understands its remaining challenge to include a total of 1,301 confirmed hazardous areas measuring 177,163,832 and 1,019 suspected hazardous areas measuring 424,437,088 square meters. Angola's extended deadline to complete implementation is 1 January 2018. In granting Angola's request for an extended deadline, the States Parties noted that, by requesting a five-year extension, Angola was projecting that it would need approximately five years from the date of submission of its request to obtain clarity regarding its remaining challenge, produce a detailed plan and submit a second extension request.

7. In 2010 Bosnia and Herzegovina reported that 1,578 square meters of suspected hazardous areas remained to be addressed. Bosnia and Herzegovina now reports that its

[1] Cartagena Action Plan, paragraph 11.

remaining challenge amounts to 1,225 square kilometres of areas known or suspected contain emplaced anti-personnel mines. Bosnia and Herzegovina's extended deadline to complete implementation is 1 March 2019.

8. In 2010 Cambodia reported that 648.8 square kilometres of areas known or suspected contain emplaced anti-personnel mines remained to be addressed. Cambodia now reports that it has completed a baseline survey in 124 priority districts, as it had committed to do in its request for an extended demining deadline, and had identified a total of 1,915 square kilometres contaminated by explosive remnant of war remaining to be addressed with 1,174 square kilometres of this suspected to be contaminated by anti-personnel mines. Cambodia's extended deadline to complete implementation is 1 January 2020.

9. In 2010 Chad reported that 678 square kilometres of areas known or suspected contain emplaced anti-personnel mines remained to be addressed. Chad now reports that its remaining challenge amounts to 113 areas totalling 104.5 square kilometres. Chad's extended deadline to complete implementation is 1 January 2020. In granting Chad's request for an extended deadline, the States Parties requested that Chad submit, by the Third Review Conference, a clear and detailed national survey and clearance plan leading to completion with this plan addressing information discrepancies in the extension request. Chad submitted documentation in this regard prior to the Third Review Conference. In addition, in granting the request in 2013, the States Parties, in noting that Chad indicated that its mine action strategy will be subject to a mid-term evaluation in 2015, requested Chad to inform the States Parties, by the end of 2015, of the results of its mid-term evaluation of the strategy, including if necessary, providing an updated strategy that takes into account new information.

10. In 2010 Chile reported that 164 areas known or suspected to contain anti-personnel mines remained to be addressed. Chile now reports that its remaining challenge amounts to 113 mined areas totalling 13,804,180 square meters. Of these 113 areas, 98 are known to contain anti-personnel mines and 15 are suspected to contain anti-personnel mines as, while these 15 areas were cleared prior to the entry into force of the Convention, there remains suspicion that anti-personnel mines may exist in these areas. Chile's extended deadline to complete implementation is 1 March 2020.

11. In 2010 Colombia reported that 22 of its 34 minefields located around military bases had been addressed and that, in addition to the 12 such minefields that remained to be addressed, it faced the unquantified threat of improvised anti-personnel mines employed by illegal armed groups. Colombia has now completed clearance of the remaining 12 minefields located around military bases and is continuing to carry out efforts address and quantify the threat posed by improvised mines. Colombia reported that, from 2006-2013, a total of 19,723 incidents with improvised mines have been recorded and that of these a total of 16,234 have are "open" (the source of the information is reliable and contains state that allows for the identification of the area were the incident took place). 3,332 have been "closed" (the source was not sufficiently reliable or the information reported did not allow for the identification of the area were the incident occurred), 112 have are in "process of information collection" (the source of the information is dependable but complementary information is required) and 45 "without status" (has not been through the verification process). Colombia reported that non-technical surveys have taken place in Antioquia, Bolivar, Caldas and Santander and that as a result of these efforts 114 suspected hazardous area and 5 confirmed hazardous areas have been discovered to date. Colombia's extended deadline to complete implementation is 1 March 2021.

12. In 2010 Croatia reported that 887 square kilometres of suspected hazardous areas remained to be addressed. Croatia now reported that its remaining challenge amounts to 595.8 square kilometres of suspected hazardous area. Croatia's extended deadline to complete implementation is 1 March 2019.

13. [...]

14. In 2011 the Democratic Republic of the Congo reported that it was difficult to determine the remaining challenge with precision before the finalization of the General Mine Action Survey and General Mine Action Assessment being carried out at the time but that the national database contained a total of 70 suspected hazardous areas and 12 confirmed hazardous areas. The Democratic Republic of the Congo now reports that its remaining challenge amounts to 130 mined areas measuring 1.8 million square meters. The Democratic Republic of the Congo's extended deadline to complete implementation is 1 January 2015. The Democratic Republic of the Congo submitted, for consideration at the Third Review Conference, a request for an extended deadline.

15. In 2009 Ecuador reported that 75 objectives totalling 498,632.89 square meters and estimated to contain 5,923 anti-personnel mines and 30 anti-tank mines remained to be addressed and that it needed to finalize impact surveys in the Provinces of Morona Santiago and Zamora Chinchipe. Ecuador now reported that its remaining challenge amounts to 26 areas measuring 298,973.5 square. Records of these mined areas were received from Peru in November 2013 and are pending technical survey. Ecuador's extended deadline to complete implementation is 1 October 2017.

16. In 2010 Eritrea reported that 702 suspected hazardous areas remained to be surveyed. Eritrea now reports that its remaining challenge amounts to 434 mined areas totalling 33,432,811 square meters. Eritrea's extended deadline to complete implementation is 1 February 2015. Eritreat submitted, for consideration at the Third Review Conference, a request for an extended deadline.

17. In 2010 Ethiopia reported that 57 confirmed hazardous areas and 442 suspected hazardous areas remained to be addressed. Ethiopia now reports that its remaining challenge amounts to 314 suspected hazardous areas. These areas have not been visited by the technical survey unit. Ethiopia's deadline to complete implementation is 1 June 2015. In April 2014, Ethiopia informed the Convention's intersessional meetings that it would request an extended deadline. By the time of the Third Review Conference, Ethiopia had not submitted a request for consideration by that conference.

18. In 2010 Iraq reported that 1,875 mined areas totalling 223,751,119 square meters remained to be addressed. Iraq now reports that its remaining challenge amounts to 91 confirmed hazardous areas totalling 96,317,584 square meters and 56 suspected hazardous areas totalling 312,564,040.5 square meters in southern Iraq, and 95 confirmed hazardous areas totalling 1,206,656,028 square meters and 59 suspected hazardous areas totalling 223,849,427 square meters in the Kurdistan Region. Iraq's deadline to complete implementation is 1 February 2018.

19. In 2010 Mauritania reported that 17 communities identified by a Landmine Impact Survey and four areas identified through information provided to Mauritania by Morocco totalling 64,819,740 square metres remained to be addressed. Mauritania now reports that its remaining challenge amounts to 5 confirmed hazardous areas measuring 1,623,274 square meters. Mauritania's extended deadline to complete implementation is 1 January 2016.

20. In 2010 Mozambique reported that 10 million square meters remained to be addressed. Mozambique has now reported that it its remaining challenge amounts to 130 tasks totalling 5,379,947 square meters. Mozambique's extended deadline to complete implementation is 31 December 2014.

21. In 2011 Niger reported that it had discovered a previously unknown mined area and that its remaining challenge amounted to 1 mined area totalling 2,400 square meters, with

technical survey due to commence in April 2014. Niger's extended deadline to complete implementation is 31 December 2015.

22. In 2010 Peru reported that 29 confirmed hazardous areas totalling 169,800 square meters remaining to be addressed. Peru now reports that its remaining challenge amounts to has 136 confirmed hazardous areas totalling 482,254 square meters. This includes information received by Ecuador over the period of November 2012 – November 2013 concerning 128 mined areas containing 6,884 mines and totalling 445,754 square meters. Peru's extended deadline to complete implementation is 1 March 2017.

23. In 2010 Senegal reported that 149 suspected hazardous areas remained to be addressed. These areas were identified in the administrative regions of Ziguinchor, Sédhiou and Kolda and, for safety reasons, the survey teams could not have access to certain areas. Senegal now reports that its remaining challenge amounts to 51 confirmed hazardous areas totalling 225,935.24 square meters in Ziguinchor, Oussouye, Bignona and Goudomp as well as 291 suspected hazardous areas totalling 1,400,000 square meters which, for security reasons, are still pending survey. Senegal's extended deadline to complete implementation is 1 March 2016.

24. In 2010 Serbia reported that 24 suspected hazardous areas totalling 3,500,000 square meters remained to be address. Serbia now reports that its remaining challenge amounts to 10 confirmed mined areas totalling 1,221,196 square meters and 12 suspected hazardous areas totalling 2,080,000 square meters. Serbia's extended deadline to complete implementation is 1 March 2019.

25. In 2013 Somalia reported, in its initial transparency report, that landmine contamination in the southern part of the country has not been quantified but that surveys carried out elsewhere had identified 772 suspected hazardous areas in Somaliland, 47 suspected hazardous areas in Puntland and 210 suspected hazardous areas in the regions of Sool and Sanaag. INSERT ADDITIONAL INFORMATION ON SOMALIA. Somalia's deadline for implementation is 1 October 2026.

26. In 2012 South Sudan reported, in its initial transparency report, that 707 suspected hazardous areas totalling 159,367,011 square metres remained to be addressed. South Sudan now reports its remaining challenge amounts to 320 minefields which remained "open" for clearance. South Sudan's deadline for implementation is 9 July 2021.

27. In 2010 Sudan reported that 137 confirmed hazardous areas totalling 10,672,650 square meters, 94 suspected hazardous areas and 92 "dangerous areas" totalling 34,719,947 square meters remained to be addressed. Sudan now reports that its remaining challenge amounts to 56 confirmed hazardous areas totalling 2,652,771 square meters, 34 suspected hazardous areas and 38 "dangerous areas" totalling 18,294,896 square meters. Sudan also has reported that the security situation in South Kordofan and Blue Nile States prevents survey and clearance operations from taking place. Sudan's extended deadline for implementation is 1 April 2019.

28. In 2010 Tajik'stan reported the following: that 115 confirmed hazardous areas totalling 5,601,370 square meters and 360 suspected hazardous areas totalling 5,794,000 square meters remained to be addressed on the Tajikistan-Afghanistan border; that 36 suspected hazardous areas totalling approximately 3,454,261 square meters remained to be addressed in the Central Region; and, that 57 suspected hazardous areas remained to be addressed on the Tajik-Uzbek border. Tajikistan now reports that 128 confirmed hazardous areas totalling 6,118,852 square meters and 110 suspected hazardous areas are pending survey on the Tajikistan-Afghanistan border and 19 suspected hazardous areas totalling 2,899,000 square meters are pending survey in the Central Region. Survey has been carried out on the Tajikistan-Uzbekistan border and none of the mined areas previously suspected

are in areas under Tajikistan's jurisdiction or control. Tajikistan's extended deadline for implementation is 1 April 2020.

29. In 2010 Thailand reported that 550 square kilometres of areas known or suspected contain emplaced anti-personnel mines remained to be addressed. Thailand now reports that its remaining challenge amounts to 502.73 square kilometres. Thailand's extended deadline for implementation is 1 November 2018.

30. In 2010 Turkey reported that 977,407 anti-personnel mines located on its border with Syria, Iraq, Iran, and Armenia as well as in areas other than borders remained to be destroyed. Turkey now reports that its remaining challenge amounts to 3,514 confirmed hazardous areas toalling 213,582,010 square meters and containing 814,099 anti-personnel mines and 163,823 anti-tank mines. Turkey's extended deadline for implementation is 1 March 2022.

31. In 2010 the United Kingdom reported that 117 mined areas totalling 13.15 square kilometres remained to be addressed and that, once a feasibility study was completed, clearance of three priority areas (Fox Bay West (east settlement), Sapper Hill and Goose Green 11) would be carried out. The United Kingdom now reports [INSERT UPDATED CONTENT]

32. In its 2008 request for an extended mine clearance deadline, Yemen reported that 1,088 mined areas totalling 923,332,281 square meters remained to be address. Yemen now reports that its remaining challenge amounts to 923 mined areas totalling 840,862,173.6 square meters. Survey also remains to be carried out in previously un-surveyed areas and areas in which recent conflicts have taken place. Yemen's extended deadline for implementation is 1 March 2015. Yemen submitted, for consideration at the Third Review Conference, a request for an extended deadline.

33. In 2010 Zimbabwe reported that 7 confirmed hazardous areas and a further 3 suspected hazardous areas totalling 800 square kilometers remained to be addressed. Zimbabwe now reports that, upon a closer analysis of the information and following survey activities, its remaining challenge amounts to 8 mined areas totalling 208.88 square kilometres. Re-survey of all mined areas is currently being undertaken and is expected to conclude by September 2014. Zimbabwe's extended deadline for implementation is 1 January 2015. Zimbabwe submitted, for consideration at the Third Review Conference, a request for an extended deadline.

34. In the Cartagena Action Plan, it was agreed that "States Parties that have reported mined areas under their jurisdiction or control, will do their utmost to ensure that all available methods for the full and expedient implementation of Article 5 (1), as recommended by States Parties at the Ninth Meeting of the States Parties, are applied where and as relevant, by developing and implementing applicable national standards, policies and procedures for releasing land through technical and non-technical means that are accountable and acceptable to local communities, including through the involvement of women and men in the acceptance process."[2] Since the Cartagena Summit, the United Nations' International Mine Action Standards on Land Release were reviewed and updated. On April 2013, these IMAS were endorsed by the IMAS review board. These updated IMAS promote the "evidence-based decision-making process that helps determine with confidence which land needs further action and which does not" in the most efficient manner possible. When adhered to, these IMAS should increase clarity regarding a State Party's remaining implementation challenge. Clarity should also result from the IMAS's emphasis on the use of standardize of language to describe a States Parties' contamination.

[2] Cartagena Action Plan, Action #15.

IV. Assisting the victims

35. At the Cartagena Summit, the States Parties reaffirmed their understandings on victim assistance taking into account the evolution in understandings that had occurred through years of implementing the Convention as well as reflecting upon new developments in areas such as disability, international humanitarian law, and human rights law. In addition, the States Parties expressed their resolve to provide assistance to victims, in accordance with applicable humanitarian and human rights law "with the aim of ensuring their full and effective participation and inclusion in the social, cultural, economic and political life of their communities."

36. The *Cartagena Action Plan* contains eleven actions specific to victim assistance (actions #23 through to #33).[3] Through these actions, the States Parties committed themselves to address issues identified as being central to the provision of victim assistance: coordination, understanding the extent of the challenge, legislation and policies, planning, monitoring and evaluation, national responsibility, accessibility including to appropriate services, non-discrimination, awareness raising, inclusion, the involvement of relevant experts, resource mobilisation, inclusive development, and, regional and bilateral cooperation.

(a) *Coordination:* In order to ensure a holistic, integrated, and sustainable approach to assisting mine survivors, their families and communities, it is essential that there be cooperation between relevant government ministries, organisations of persons with disabilities, international agencies, and nongovernmental organizations. Through action 24, States Parties agreed to "establish, if they have not yet done so, an inter-ministerial/inter-sectoral coordination mechanism for the development, implementation, monitoring and evaluation of relevant national policies, plans and legal frameworks, and ensure that this focal entity has the authority and resources to carry out its task."

(b) *Understanding the extent of the challenge:* Through action 25, States Parties agreed to "collect all necessary data, disaggregated by sex and age, in order to develop, implement, monitor and evaluate adequate national policies, plans and legal frameworks including by assessing the needs and priorities of mine victims and the availability and quality of relevant services, make such data available to all relevant stakeholders and ensure that such efforts contribute to national injury surveillance and other relevant data collection systems for use in programme planning."

(c) *Planning:* Through action 27, States Parties agreed to "develop and implement, if they have not yet done so, a comprehensive plan of action and budget that addresses the rights and needs of mine victims through objectives that are specific, measurable, achievable, relevant, and time bound, ensuring that such a plan is integrated into broader relevant national policies, plans, and legal frameworks."

(d) *Legislation and policies:* Legislative and policy frameworks should guarantee rights and help ensure accessibility, quality medical treatment, adequate healthcare, social protection and non-discrimination for all citizens with disability, including mine survivors.Through Action 26, States Parties agreed to "develop, or review and modify if necessary, implement, monitor and evaluate national policies, plans and legal frameworks with a view to meet the needs and human rights of mine victims."

[3] A further three actions, contained in the section on cooperation and assistance of the *Cartagena Action Plan*, are also applicable to efforts to assist the survivors, their families and communities (action #39, action #41, and action #46).

(e) *Monitoring and evaluation:* When plans, policies and legal frameworks are established, it is essential to undertake regular monitoring and evaluation of these policies, plans and legal frameworks to ensure that activities are being implemented and that implementation is having a tangible impact on the quality of daily life of mine victims and other persons with disabilities. Through Action 28, States Parties agreed to "monitor and evaluate progress regarding victim assistance within broader national policies, plans and legal frameworks on an ongoing basis, encourage relevant States Parties to report on the progress made, including resources allocated to implementation and challenges in achieving their objectives, and encourage States Parties in a position to do so to also report on how they are responding to efforts to address the rights and needs of mine victims."

(f) *Accessibility of services:* Good coordination, planning and legislative and policy frameworks should eliminate barriers and ensure access to services and information for survivors and other persons with disabilities on a basis equal with others. Through Action 31, States Parties agreed to "increase availability of and accessibility to appropriate services for female and male mine victims, by removing physical, social, cultural, economic, political and other barriers, including by expanding quality services in rural and remo te areas and paying particular attention to vulnerable groups." The States Parties have understood that appropriate services include emergency and continuing medical care, physical rehabilitation, psychological and psychosocial support, education and socio-economic reintegration to ensure a comprehensive and holistic approach.

(g) *Awareness raising:* Barrier-free access to services is necessary but not sufficent. It is also necessary that mine victims and other persons with disabilities are aware of their rights and efforts are made to counter stigma, discrimination and misunderstandings faced by mine victims and other persons with disabilities. Through Action 33, States Parties agreed to "raise awareness among mine victims about their rights and available services, as well as within government authorities, service providers and the general public to foster respect for the rights and dignity of persons with disabilities including mine survivors."

(h) *Non-discrimination and good practice:* The States Parties for some time have understood that data collection and information management, coordination and planning, and access to services should be carried out in such a way that there is non-discrimation between mine survivors and others who have otherwise been injured and / or have acquired a disability. Through Action 32, States Parties agreed to "ensure that appropriate services are accessible through the development, dissemination and application of existing relevant standards, accessibility guidelines and of good practices to enhance victim assistance efforts."

(i) *Responsibility:* Action 30 emphasises national responsibility, with States Parties having agreed to "strengthen national ownership as well as develop and implement capacity building and training plans to promote and enhance the capacity of the women, men and associations of victims, other organisations and national institutions charged with delivering services and implementing relevant national policies, plans and legal frameworks."

(j) *Inclusion:* Through Action 23, States Parties agreed to "ensure the inclusion and full and active participation of mine victims and their representative organizations as well as other relevant stakeholders in victim assistance related activities, in particular as regards the national action plan, legal frameworks and policies, implementation mechanisms, monitoring and evaluation."

(k) *Involvement of relevant actors:* Significant progress has been made to improve understandings on victim assistance within State entities with responsibility for disability, health care and the provision of social services. Through Action 29, States Parties agreed to "ensure the continued involvement and effective contribution in all

relevant convention related activities by health, rehabilitation, social services, education, employment, gender and disability rights experts, including mine survivors, inter alia by supporting the inclusion of such expertise in their delegations."

Afghanistan

37. *Coordination*: Afghanistan's Ministry of Labour, Social Affairs, Martyrs and the Disabled is the national focal point for matters that concern victim assistance, collaborating with the Ministry of Public Health, the Ministry of Education, and other disability stakeholders. In 2009, an Inter-Ministerial Working Committee on Disability was established by presidential decree. It functions as the highest government body on disability/victim assistance issues. In addition, a Disability Stakeholders Coordination Group has been established to ensure coordination between relevant government bodies and national and international disability organisations. The coordination group meets monthly in Kabul and has four regional branches, which meet quarterly and report to the head office in Kabul.

38. In 2012, Afghanistan reported coordination challenges due to the limited amount of short-term funding resulting in a lack of continuity with disability programmes and an inability to plan into the future. Other challenges noted at that time included limited human capacity, the absence of a system to monitor the implementation of existing programs, and the challenging security environment. In Afghanistan reported to the 2013 meeting of the Standing Committee on Victim Assistance that, with the ratification of the Convention on the Rights of Persons with Disabilities (CRPD), it was in the process of establishing a National Disability Rights Commission, which would be tasked with promoting the rights of persons with disabilities and monitoring implementation of the CRPD. The Disability Rights Commission would be entrusted with responsibility to specially monitor progress on implementation of the Anti-Personnel Mine Ban Convention's obligation to assist the victims.

39. *Understanding the extent of the challenge*: No comprehensive tool to collect and manage disability data exists in Afghanistan. The Mine Action Coordination Centre of Afghanistan collects data on landmine and other explosive remnants of war casualties and collaborates closely with the Ministry of Labour, Social Affairs, Martyrs and the Disabled to exchange information. Afghanistan reported that the lack of a comprehensive disability data system presents a challenge for planning, implementing, monitoring, and evaluating plans and programmes. Afghanistan had indicated that, by the Third Review Conference, it planned to develop a comprehensive mechanism for data collection and management which would enable the the Ministry of Labour, Social Affairs, Martyrs and the Disabled to understand needs and prioritise accordingly across various categories of disabled people, including landmine and other explosive remnants of war survivors and to identify gaps in service provision.

40. *Planning*: The Afghanistan National Disability Plan expired in 2011. In 2012, Afghanistan reported that it was in the process of reviewing the successes and shortcomings of the plna to feed into the process of developing the new one. The review of the plan indicated that 78 out of 158 action points had been achieved and that shortcomings were due to security, finance and lack of capacity. In Afghanistan reported to the Thirteenth Meeting of the States Parties that, as a result of the ratification of the CRPD, it was in the process of developing an action plan to implement the CRPD with a special focus on survivors of landmines. Afghanistan indicated that the new plan would be developed with a view to enabling regular monitoring and evaluation of the plan's objectives from the outset.

41. *Laws and Policies*: Following ratification of the CRPD, Afghanistan has undertaken an analysis of existing domestic laws concerning persons with disabilities. A number of amendments have been proposed and the Ministry of Labour, Social Affairs, Martyrs and

the Disabled is in the process of follow-up to bring domestic laws in line with the CRPD. For example, amendments have been made to certain articles of the *Law on the Rights and Benefits of Disabled Persons* with these publicised in Afghanistan's Official Gazette on 18 March 2013.

42. Afghanistan reported that a *National Policy for Persons with Disabilities* is being drafted in response to CRPD ratification and that it contains a component on promoting the rights of survivors of landmines and other explosive remnants of war. In addition, Afghanistan reported that its first *Disability and Physical Rehabilitation Strategy* was approved by the Ministry of Public Health on 6 May 2013 covering a four-year period. The strategy seeks to raise the profile of disability issues at the national level and to enhance the effectiveness ministry programmes for rehabilitation and social inclusion. Afghanistan also reported that it is developing a *National Strategy on Mental Health*.

43. *Monitoring*: Afghanistan reported that monitoring the implementation of laws, plans, policies and programmes relating to disability is challenging due to the lack of a well-functioning system, limited tools, and weak capacity. In 2012, Afghanistan reported that it planned to establish an improved mechanism for collecting and managing data in order to generate the information necessary to enhance implementation of, and reporting on, relevant laws, plans, policies and programmes. There is a greater focus on reporting since ratification of the CRPD as Afghanistan is obliged, under the CRPD, to submit a comprehensive report on measures taken to implement the that Convention in 2014.

44. *Access to Services*: In 2012, Afghanistan reported on incremental progress in increasing the availability of and accessibility to services. This has been done in part through implementation of an inclusive education programme to raise awareness and train school teachers, children with disabilities and their parents on principles of inclusive education and the right to quality education for all. In addition, a peer-support pilot project has been implementing, reaching 2,000 persons with disabilities, 40 per cent of whom were female. Vocational training targeted towards women with disabilities has been provided, a job-matching scheme in which people with disabilities were matched up with available jobs in government institutions or non-governmental organizations has been implemented, and various awareness raising campaigns focusing on the physical accessibility of public buildings have been carried out.

45. Afghanistan reported challenges in ensuring quality services in rural and remote areas due to physical barriers, the security situation, and limited resources. Other challenges reported include the significant number of landmine survivors across the country, the lack of physical infrastructure to adequately address their needs, and the lack of clarity regarding the extent to which current services are not meeting their needs. In 2013, Afghanistan reported that it is working with UN Women to provide skills development training for women survivors of landmines and that, in collaboration with the UNDP, it has launched a project in which training in business management is provided to street vendors with disabilities.

46. *Awareness Raising*: Afghanistan reported that a new Department for Advocacy and Research has been established at the National Disability Institute. Its work will raise awareness of the rights and capacities of persons with disabilities, including landmine and other explosive remnants of war survivors, and work closely with stakeholders to expand community based mine risk education. Afghanistan reported that numerous mass media campaigns have been undertaken across all thirty four provinces to raise awareness on the rights and capacities of persons with disabilities, including landmine and other explosive remnants of war survivors. In addition, national events are convened annually to mark International Day of Persons with Disabilities.

47. *Responsibility*: Afghanistan reported capacity building of health providers in six provinces through training provided by the Ministry of Public Health. This addressed physical rehabilitation, disability awareness, the early detection and identification of disabilities, and improving access to healthcare for persons with disabilities. Further activities are required to build the capacity, knowledge, and skills of all relevant ministries, agencies, service providers and other partners. Challenges include limited resources, a lack of political support, and unsustainable funding for disability programmes.

48. *Inclusion*: Afghanistan reported that an inclusive approach was adopted in the development of its disability plan and it will continue to be an essential element in the plan's review and redevelopment. Afghanistan indicated that it will continue work closely with survivors, other persons with disabilities, their representative organisations and other relevant actors to ensure that a new plan and existing legislation are brought in line with CRPD standards.

Albania

49. *Coordination*: Albania reported that its Ministry of Labour, Social Affairs and Equal Opportunities is the leading ministry on disability issues. Although the Albanian Mines and Munitions Coordination Office plays a lead role with respect to coordination, monitoring, advocacy, and resource mobilisation for victim assistance in Albania. The latter is chaired by the Deputy Minister of Defence, and includes the participation of the Ministry of Interior, Ministry of Foreign Affairs, the Ministry of Health, Ministry of Labour, Social Affairs and Equal Opportunities, and the Ministry of Finance.

50. *Understanding the extent of the challenges faced*: In 2012, Albania reported that the collection of data on new and previously unreported incidents involving unexploded ordnance is undertaken on an ongoing basis by the Red Cross National Society in conjunction with local NGO "Alb-AID". Collected data is passed to the Albanian Mines and Munitions Coordination Office and shared amongst all relevant partners such as health professionals and respective institutions and social service providers at the local and national levels. Data are disaggregated by age and gender.

51. In 2012, Albania indicated that it planned to establish a system to hand all finalized data and statistics over to Ministry of Labour, Social Affairs and Equal Opportunities which will act as a centralized body for data on disability, including victim assistance, and to share and disseminate information amongst all relevant government agencies, national and international organisations and other actors. No further information has been provided on this matter. In 2013, Albania reported that a socio-economic and medical needs assessment of survivors of abandoned explosives was being conducted in six regions of Albania by a non-governmental organisation. Albania indicated that a national workshop would be convened to share the findings of the needs assessment.

52. *Planning*: Current disability efforts, including assistance to survivors, are based upon the *National Strategy for Persons with Disabilities* 2005 to 2014. The Strategy defines objectives to be undertaken during the period of implementation and outlines the respective responsibilities of the central and local government in achieving the objectives. A national planning workshop on victim assistance was convened in 2010, bringing together relevant ministries, regional and local authorities, donors, international and national organisations and survivors and other persons with disabilities, to examine the progress made and the challenges that remain and to begin the development of a four year action plan to guide victim assistance activities in accordance with the National Strategy for Persons with Disabilities.

53. Albania reported challenges in implementing its national plan included limited financial resources from external sources. Albania reported that, although national

resources are allocated and increased annually, funding is not sufficient to fully meet the needs of landmine and other explosive remnants of war survivors. For example, prosthetic/orthotic capacities exist at Kukes hospital, but the unit lacks components and raw materials for major repairs and production of new prostheses. Further challenges reported by Albania include the fact that physical rehabilitation is given a low priority within the medical sector, that health professionals migrate from rural hospitals to urban areas, and that progress is slow with respect to improving physical accessibility in the rural areas. In 2012, Albania reported that, by the Third Review Conference, it would enhance medical and socio-economic capacity in areas of the country that are affected by abandoned and unexploded ordnance, secure materials and components for prosthetic repairs and fittings in former mine affected areas, and enhance implementation of the Law on Urban Planning relevant to all new public or private buildings and public transport.

54. *Legislation and policies*: Albania ratified the CRPD on 15 November 2012. In order to prepare for ratification, Albania passed a comprehensive Anti-Discrimination Law in 2012 and conducted a full review of disability-related legal and policy frameworks to assess compatibility with the CRPD. In 2012, Albania indicated that, by the Third Review Conference, it would adopt new comprehensive national legislation on disability.

55. *Monitoring and Evaluation*: Efforts to monitor and evaluate progress in assisting survivors are measured against the National Strategy for Persons with Disabilities. A national report on implementation of the strategy is prepared on an annual basis, recording activities undertaken and analyzing progress made towards achievement of the strategy's objectives. The latest report covers seven of twelve regions in Albania. By the Third Review Conference, the Ministry of Labour, Social Affairs and Equal Opportunities will take full responsibility for monitoring the National Strategy and preparing the annual progress report covering all twelve regions.

56. *Accessibility of services*: Albania reported that, in 2011, the prosthetic workshop at Kukes Regional Hospital provided repairs and new prostheses for at least 65 amputees. In addition, Albania reported the establishment of a physiotherapy unit at the Faculty of Nursing in Tirana, the development of a masters of physiotherapy programme, the provision of training on emergency and surgical capacities in the former mine affected region, the acquisition of new equipment for hospitals in the former mine affected region, the establishment of a fully functional and adequately staffed National Trauma Centre at the university hospital in Tirana, the establishment of the National Centre of Continuing Education for all health professionals countrywide, the development of guidelines by the Health Insurance Institute, the elimination of some barriers to physical accessibility in major cities as well as in other locations. In terms of economic inclusion, Albania reported that, from mid-2012, a mobile phone company was to sponsor vocational training courses for up to 20 survivors and persons with disabilities from the former mine-affected region.

57. *Capacity Building*: Albania reported that, in September of 2012, the Albanian Ministry of Health, in close cooperation with the University Rehabilitation Institute in Slovenia, organised a four-day theoretical and practical training workshop on the rehabilitation of people following amputation and provision of rehabilitation aids. This training was provided to 13 participants through funds provided by the Slovenian Government.

58. *Inclusion*: Survivors and other persons with disabilities have actively participated in the national planning process for victim assistance as well as in a variety of programme assessments, evaluations, and other victim assistance activities at local, national and international levels. Landmine and other explosive remnants of war survivors, as well as persons with disabilities and their representative organizations, are included in all relevant national discussions where the donor community are present and have the opportunity to voice their needs in these forums, such as at the International Symposium on Cooperation

and Assistance, which was held in Tirana in May 2011. Albania noted that the effective and ongoing participation and involvement of survivors in all processes and activities related to victim assistance has been an essential component for ensuring progress.

Angola

59. *Coordination*: The Intersectoral Commission on Demining and Humanitarian Assistance (CNIDAH) is responsible for the coordination of victim assistance through its Sub-Commission for Assistance and Reintegration, which has participation from relevant government ministries including Ministry of Assistance and Social Reintegration, the Ministry of Health, and a variety of non-governmental organizations.

60. *Understanding the extent of the challenges faced*: In 2013, Angola reported that CNIDAH's efforts had primarily focused on a mine victim registration project, which aimed to collect information, sex and age disaggregated, to facilitate decision-making and improve service strategies. Angola reported that data had been collected from six provinces (Namibe, Cabinda, Huila, Zaire, Kunene, Huambo), noting that in the province of Huambo, all persons with disabilities are registered and that as of 29 May 2013, 3,494 person with disabilities, including 1,361 mine victims, had been registered.

61. *Planning*: Angola reported that it had evaluated its Strategic Mine Action Plan 2006–2011, with the findings suggesting the need to state more specifically the role of CNIDAH in victim assistance and to strengthen CNIDAH's role in advocating for the rights of survivors across other ministries. In order to develop a new five year victim assistance plan for 2013-2017, Angola convened a workshop involving all relevant stakeholders to develop recommendations for inclusion into the new plan. A follow up workshop was convened in 2012 for government and non-governmental representatives from three affected provinces (Lunda Sul, Moxico, and Lunda Norte). This regional workshop aimed to strengthen collaboration between provincial offices and activities and to gather views on priority areas for inclusion in the national victim assistance plan for 2013–2017.

62. *Access to Services*: In 2013, Angola reported on the outputs of various economic and social inclusion, psychological support and physical rehabilitation initiatives. It noted that CNIDAH had reinforced its staff by recruiting an expert in the area of psychosocial reintegration.

63. *Capacity Building*: Angola reported that it had engaged in programmes to promote and train partners in various provinces (Luanda, Cabinda, Zaire, Juando Kubango, Lunda Norte, Lunda Sul and Moxico). Furthermore, 58 staff from partner institutions had been trained in planning and reporting activities (Luanda, Kubango, Lunda Sul, Lunda Norte and Moxico). Training was provided to senior technicians - 17 in physiotherapy, 8 in psychology – and also to intermediate technicians - 30 in orthopaedics, 24 in physiotherapy, and 10 in electrotherapy.

Bosnia and Herzegovina

64. *Coordination*: Bosnia and Herzegovina reported that the national Mine Action Centre (BHMAC) play a lead role as concerns victim assistance. It chairs the Landmine Victim Assistance Coordination Working Group (LMVA), which involves the participation of relevant ministries, service providers, international organisations and non-governmental organizations. BHMAC hosts regular coordination meetings of the LMVA. However, Bosnia and Herzegovina reported facing challenges with respect to the coordination group due to lack of interest and commitment from group members. Consequently, Bosnia and Herzegovina has organised informal working groups to assist mine survivors on a voluntary basis. Steps are being taken to formalise the working group for mine victim assistance through the structure of the executive authority in Bosnia and Herzegovina. Since

ratification of the CRPD in 2010, Bosnia and Herzegovina has established the Council of Persons with Disabilities as an advisory body of the Council of Ministers. The primary role of the Council to coordinate all the activities regarding the CRPD.

65. *Understanding the extent of the challenge*: Bosnia and Herzegovina reported that a mine victim database has been developed and that it is hosted and administered by BHMAC. As of December 2012, there were 8,305 victims of landmine and explosive remnants of war. In the past year, the number of child victims has increased. Bosnia and Herzegovina reported that the databases of various State institutions are not compatible with the data base administered by BHMAC, causing a gap in comprehensive knowledge of assistance to mine victims. BHMAC has expanded its activities to encompass individual communication with mine victims, the maintenance of up-to-date listings and mine victim databases, the continuous collection of victim data for landmine survivors, and the commencement of data collection with respect to cluster munition survivors. In 2012, Bosnia and Herzegovina indicated that, by the Third Review Conference, it would have completed a data collection initiative.

66. *Legislation and Policies*: Bosnia and Herzegovina reported that it has adopted a disability policy, and in 2010, a "Strategy and Action Plan for Equality of Possibilities for Disabled Persons in Federation of Bosnia and Herzegovina 2010-2014". Bosnia and Herzegovina has also adopted a Sub-Strategy for Mine Victim Assistance for the period 2014-2019.

67. *Monitoring and Evaluation*: Bosnia and Herzegovina reported that it has not been possible to establish a body to monitor and evaluate efforts. Regarding the CRDP, the Advisory Body of the Council of Ministers is responsible for coordination and preparing the CRPD report.

68. *Access to services*: Fifteen *victim assistance* projects were realised in 2011 to benefit landmine and other explosive remnants of war survivors. In addition, the Ministry of Health established a network of centres for physical rehabilitation and for mental health in 64 municipalities throughout Bosnia and Herzegovina. While the system is in need of upgrading and expansion, it has up to now ensured the availability of basic rehabilitation services for the victims of landmines and other explosive remnants of war.

69. *Inclusion*: National organisations, including organisations of survivors, have actively participated in the development of legislation necessary for creating a fund for professional rehabilitation and employment of disabled persons. In addition, Bosnia and Herzegovina reported that an organisation of survivors has been actively working to realise the rehabilitation and reintegration of victims into society. The number of projects realised is in steady decline, partly due to a decline in the number of new victims.

Burundi

70. *Coordination*: Burundi reported that an inter-ministerial Committee has been created and its rules of procedure developed, although it is challenges by limited resources and it is not yet functional in certain fields such as data collection, physical rehabilitation, accessibility and policies.

71. *Planning*: A national action plan for assistance to victims of mines and other explosive remnants of war and other persons with disabilities was adopted in 2011. Implementation of activities has commenced.

72. *Monitoring and Evaluation*: Burundi reported that it does not have an entity to monitor and evaluate the implementation of its national action plan. In 2012, Burundi indicated that, by the time of the Third Review Conference, it planned to have established an evaluation committee.

73. *Access to services*: Burundi reported that progress is slow as concerns enhancing availability of and access to relevant services and that it lacks financial resources to support its implementation. In terms of physical accessibility, Burundi reported some progress in that several access ramps have been built and some public toilets made accessible for persons with disabilities. In 2012, Burundi indicated that, by the time of the Third Review Conference, it planned to raise awareness of development practices that are inclusive and promote physical accessibility.

74. *Awareness raising*: Burundi reported that its efforts to provide information and training on the rights of landmine and other explosive remnants of war survivors have been hindered due to the challenge of reaching survivors in areas difficult to access. In 2012, Burundi indicated that, by the time of the Third Review Conference, it planned to identify all victims and create an inventory of their physical and intellectual capacities in order to enhance inclusion.

75. *Inclusion*: Burundi reported that some landmine survivors' associations have been established to promote the rights of survivors and other persons with disabilities. Burundi reported challenges in supporting the mobilisation of survivors and their associations because landmine survivors are in areas that are difficult to access.

Cambodia

76. *Coordination*: The Ministry of Social Affairs Veterans and Youth is the focal point for disability, including victim assistance in Cambodia. Within the ministry, a structure has been established to facilitate closer collaboration between the National Disability Coordination Committee, the Disability Action Council, the Persons with Disability Foundation and the Disability Rights Administration, to ensure the implementation, monitoring and evaluation of national laws, policies, plans and legal frameworks related to victim assistance and disability. Cambodia recognised that despite enhanced coordination, the lack of resources and capacity within these institutions remains a challenge. In 2012, Cambodia reported that, by the time of the Third Review Conference, it would enhance this coordination mechanism and promote the mainstreaming of disability issues within respective ministries' development plans and development partners' development plans.

77. *Understanding the extent of the challenge*: Cambodia reported that its 2008 general population census in 2008 recorded that there are 192,538 persons with disabilities in Cambodia, 56.3 percent of whom are men or boys and 42.7 percent of whom are women or girls. There are 64,224 persons with disabilities whose disability was caused by mine and or other explosive remnant of war. The 2010 Cambodia Socio-Economic Survey was designed to capture further data on persons with disabilities. The Cambodian Mine Victim Information System of the Cambodian Mine Action Authority records data with respect to landmine victims. Updated data are widely disseminated monthly. A patient management system is being developed by the Ministry of the Social Affairs Veterans and Youth to register persons with disabilities, including landmine survivors, who receive services from physical rehabilitation centres. To further enhance the collection and sharing of data, the ministry has encouraged non-governmental organizations to report on their activities and services. Cambodia reported that it was seeking to include a category for landmine survivors on the next general population census, to encourage increased data sharing with non-governmental organizations and other relevant stakeholders, and to strengthen physical rehabilitation centres' information management systems.

78. *Planning*: Since the Cartagena Summit, Cambodia implemented its National Plan of Action for Persons with Disabilities including Landmine/ERW survivors (2009-2011). In advance of expiry of the plan in December 2011, Cambodia reviewed its efforts and was to have developed a new National Plan of Action (to be entitled the National Disability Strategic Plan 2014-2018). This planning process was due to commence in 2013. Tools for

monitoring and evaluation of the new plan would be developed in conjunction with the development of the plan.

79. *Legislation and Policies*: Cambodia has sought to implement its Law on the Protection and the Promotion of the Rights of Persons with Disabilities, which was adopted in 2009. By the time of the Third Review Conference, intended to further develop national policies and legal frameworks related to disability and landmine victims, to strengthen the mechanisms on monitoring and evaluation, and to promote wide dissemination of the laws and policies across the nation and encourage their implementation.

80. *Monitoring and evaluation*: Cambodia reviewed implementation of its national action plan in the lead up to its expiry in 2011. See *planning* above.

81. *Responsibility*: Efforts to strengthen national ownership were made by enhancing the capacity, skills, and knowledge of civil servants in relevant ministries, agencies at the sub-national level, implementing partners, and persons with disabilities, including landmine survivors and their organisations. Memoranda of Understanding were adopted between Cambodia and five of the international non-governmental organizations to ensure a progressive handover of physical rehabilitation centres to the government. Challenges in building capacity relate to limited human, technical and financial support. The functioning of the coordination mechanism is limited as a result of this limited support. By the Third Review Conference, the Government of Cambodia was to focus on increasing the capacity within the national coordination mechanism and work towards being able to take full responsibility over the management of physical rehabilitation centres.

82. *Accessibility to services*: Cambodia reported progress in promoting access to livelihood support, health care and prevention, education, employment, vocational training and election participation in accordance with its law on the protection and the promotion of the rights of persons with disabilities. It is in the process of forming an Accessibility Committee to support the implementation of these chapters. In 2012, Cambodia indicated that this body would be running in advance of the Third Review Conference. Cambodia reported that it has sustained the physical rehabilitation services for people with disabilities, with, each year approximately 20,000 persons with disabilities getting free rehabilitation and fitness.

83. *Good Practice*: Cambodia has developed and adopted national guidelines on physical rehabilitation and on community based rehabilitation. It has disseminated a circular on improving the quality of vocational training for persons with disabilities. In additional, national policies on education for children with disabilities have been adopted.

84. *Awareness Raising*: Various means of communication have been employed to raise awareness including poster campaigns, education campaigns, radio talk shows, and TV. Campaigns have been conducted in collaboration with relevant partners and stakeholders. International days such as Mine Action Day, International Day for Persons with Disabilities, International Day for the Deaf, International Children's Day and International Women's Day have provided opportunities for more focused awareness raising campaigns. A lack of funding was reported as a challenge as well as the lack of coordination between the public institutions responsible for media. In December 2013, Cambodia reported that the text of the Convention on the Rights of Persons with Disabilities had been translated into Khmer, published, printed and widely disseminated.

85. *Inclusion*: The full and active participation of mine victims, representative organisations and relevant stakeholders in victim assistance activities is achieved through the active participation and employment of survivors and other persons with disabilities in national bodies such as the Disability Action Council, the National Disability Coordination Committee, the Persons with Disability Foundation, and the Disability Rights Administration. These bodies were central actors in the process of developing the Law on

the Protection and the Promotion of the Rights of Persons with Disabilities and the National Plan of Action for Persons with Disabilities including Landmine/ERW Survivors, as well as other relevant laws, plans and policies.

Colombia

86. *Coordination*: Colombia reported that the Ministry of Health and Social Protection is the focal entity for disability rights and the Programa Presidencial para la Acción Integral Contra Minas Antipersonal (PAICMA) is the national focal point for victim assistance. In addition, an Inter-sectoral Commission for Comprehensive Action against Anti-Personnel Mines has been established by Law 759 of 2002 and includes representatives from relevant ministries, public institutions and civil society organisations. The Commission includes the Vice President of the Republic of Colombia, the Minister of Interior Minister, the Minister of Foreign Affairs, the Minister of National Defence, the Minister of Health, the Manager of the National Planning Department and the Director of the PAICMA. The Sistema Nacional de Atencion y Reparacion Integral a Victimas (national system) has been established by law. It implements, coordinates, monitors the National Plan. Departmentla committees have been established to conduct the same functions at the regional level.

87. *Understanding the extent of the challenge*: PAICMA maintains records of victims of landmines and other explosive remnants of war. Data is disaggregated by age, gender, ethnicity and status (civil or military). Since adoption of the Victim's and Land Restitution Act 1448 of 2011, Colombia has been working to establish a registry of victims of the armed conflict, including victims of mines and other explosive remnants of war. The registry will be managed by the Unit for Victim Reparation and Integral Attention and the information will be used to match victims' needs with attention, support or services as necessary.

88. *Planning*: Colombia reported that the *National Plan of Attention and Reparation for Victims* was adopted in May 2012. The National Plan includes guidelines, goals, an implementation schedule, and a monitoring mechanism. In 2012, Colombia reported that it was working to establish guidelines and mechanisms to support implementation of the plan at the local level and to enhance coordination across the 27 national entities involved in its implementation. Colombia has since reported that, with the support of the European Union, in 2013 it undertook a process to develop guidelines for the *National Plan of Attention and Reparation for Victims*. The process was consultative and inclusive and involved the conduct of a two regional and one national workshop to provide opportunities to feed into the formulation of the Guidelines. The workshops involved participation of representatives of national entities, territorial/regional entities, international organizations, and non-governmental organizations.

89. *Legislation and Policies*: Colombia reported that the *Law of Victims and Land Restitution* (Law 1448) was adopted in 2011 with the aim of enhancing access to care and reparation for victims of the armed conflict. In addition, Law 1438 was adopted in 2011 to expand access to health care services through the unification of national health regimes. The legal framework for victims specifies methods of assistance in health that should be guaranteed to the victims of landmines and other ERW including emergency health care, pre-hospital care, medical/surgical care and comprehensive rehabilitation and health care, which continues through the process of rehabilitation. At the international level, Colombia ratified the Convention on the Rights of Persons with Disabilities in 2011.

90. Colombia reported that since 2012 the Ministry of Health and Social Protection - the national disability focal point - has been leading a process to develop the *National Public Policy of Disability and Social Inclusion*. The *National Public Policy on Disability and Social Inclusion* aims to redesign public policy as concerns disability rights ensuring alignment with the Convention on the Rights of Persons with Disabilities. The new policy

will incorporate an Action Plan indicating roles and responsibilities as well as budgets and activities. PAICMA have been active contributors to the development of the new policy through the preparation of a series of recommendations aimed to highlight the needs of victims of landmines and other ERW and to ensure that they are taken into account in future policies, programs, strategies, and projects that may flow from the new national policy.

91. *Access to Services*: Colombia reported that the main results achieved in 2013 relate to the *Psychosocial and Comprehensive Attention to Victims Program* (PAPSIVI), a programme led by the Ministry of Health and Social Protection. The aim of the program is develop a set of activities, procedures and interdisciplinary interventions for comprehensive health care and psychosocial care aimed at overcoming the damages in health and supporting psychosocial recovery from the victimizing event. Other results include the establishment of procedures for the prioritization of attention to victims of armed conflict in matters of health, and to enable immediate access to the national social security system. In addition, Colombia reported it has increased its work at the regional and community levels. PAICMA have established processes for providing technical assistance to the authorities at the regional and municipal levels enabling support to overcome barriers to the provision of medical services. In 2013, PAICMA led a participatory process to work with indigenous communities in different regions of the country. The aim was to identify the specific needs of these communities as concerns access to health and rehabilitation services that are appropriate for each group, taking into account the characteristics of the region, their worldview, and the level of access to general health and social security services in the country.

92. *Monitoring and Evaluation*: Colombia reported that PAICMA has been advancing efforts to monitor victim assistance activities through working with local authorities and non-governmental partners to identify barriers and to collaborate in implementing activities to overcome these. In addition, Colombia reported that it has been undertaken a process of tracking and monitoring victims of landmines and other explosive remnants of war from the moment of injury onwards to determine whether they are actually able to access the services and rights that are guaranteed by the new law.

93. *Involvement of Relevant Experts*: Colombia reported that, during 2013, it ensured the participation of national experts in formal and informal meetings of the Convention and benefitted greatly from the opportunity to share national experiences and learn from other affected States.

94. *Capacity Building*: Training processes were developed at the departmental and municipal levels to reinforce the message about the rights victims, as well as the duties of the local authorities. This process is designed as a mechanism to strengthen the local institutional capacity. At the same time, PAICMA has led efforts to address the young victim population of explosive items. As well, Colombia has undertaken efforts to advance support to the the indigenous population of the country, with the direct participation of these communities, and involving the institutions responsible for the provision of services.

95. *Good practice*: Colombia, in its capacity as Co-Chair of the Standing Committee on Victim Assistance, led a process to develop guidance concerning girls, boys and adolescents who are mine victims. This guidance was developed through a consultative process with representatives of countries that have reported responsibility for a significant number of mine victims and intends to assist with the development of national protocols for affected countries.

96. *Awareness raising*: PAICMA has collaborated with departmental authorities to identify barriers to accessing services and along with mechanisms to overcome these barriers. This process enabled regional authorities to understand their roles and

responsibilities as concerns survivors and to make connections with other actors in the region that are working to guarantee access for all to required services for the victims.

97. *Inclusion*: Article 192 of Law 1448 (2011) obliges the State to "guarantee the effective participation of victims in the design, implementation, execution, and compliance monitoring to the Law and the plans, projects, and programmes that are created on the same occasion". Also, this law established *Roundtables of Victims* as a mechanism for effective participation and as a space in which organizations can defend the rights of victims. Colombia reported that it is working to strengthen national survivors' organizations as a means to ensure inclusion of the views of victims in related processes. The focus of its work is both on individual opportunity and the community responsibility to influence matters that interest them and to transform their environment.

Croatia

98. *Coordination*: The Government Office for Mine Action coordinates the multi-sectoral group of governmental and non-governmental actors. One staff member has been hired by the Croatian Mine Action Centre to work in the Government Office for Mine Action to coordinate data collection. In addition, in 2010, a National Coordinating Body was established including the participation of a wide range of State entities and non-governmental actors. Five non-governmental organizations are members of the National Coordinating Body, which provides for direct involvement in the work of the Coordinating Body by mine and other explosive remnants of war victims and persons with disabilities, as well as their families. Croatia reported that the Coordination Body does not have a mandate for developing, monitoring or evaluating services nor does it have resources for its work, which presents a challenge.

99. *Understanding the extent of the challenge*: There is no centralised data collection mechanism for disability data. A number of government institutions and some non-governmental organizations maintain their own databases, but these are inconsistent and incomplete. By the Third Review Conference, Croatia intended to finalise a process of forming a unified database on mine and other explosive remnants of war casualties. The new database will contain the following categories of data: personal data; mine incident data; information on the status and degree of disability; information on the realized rights; information about education, occupation and employment; and information about victims' family members.

100. *Planning*: The Croatian Mine Action Plan aims to assist victims of mines and unexploded ordnance in accordance with the Cartagena Action Plan. The national plan aims to improve the quality of life of survivors, their families and communities. The coordinating body in Croatia will guide the overall coordination and systematic monitoring of goals in the plan. Currently, each chapter contains baseline data as of 2010, along with objectives, and plans to achieve them. The plan also notes expected sources of funding. Croatia reported challenges in including experts from relevant fields in state delegations to Convention related activities due to lack of funds and the lack of adequate experts available in specific areas.

101. *Legislation and Policies*: Croatia reported that it is rewriting its domestic law on demining. The new law will include sections on victim assistance and mine risk education, both of which were omitted in the 2005 law.

102. *Accessibility to services*: All mine victims are entitled to health protection and to the acquisition of orthopaedic aids to the amount covered by the Croatian Health Insurance Institute. Efforts are being undertaken to enhance psychosocial support. Economic empowerment and reintegration of mine and other explosive remnants of war survivors is addressed by monitoring the needs and requirements of the market. Efforts are being

undertaken to increase the availability of lifelong learning for survivors and to raise the awareness of potential employers. In addition, funds for the acquisition of equipment and other assets necessary for starting a business have been secured for ten families. Croatia reported challenges with respect to transparency regarding the beneficiaries of these programmes. Centres for Psychosocial Assistance in 20 counties are often under-staffed and under-financed preventing them from taking a pro-active approach to assisting survivors. Lack of monitoring and disregard of quotas for the employment of persons with disabilities is still evident. Another challenge is that, due to the financial crisis, non-governmental organizations are now receiving reduced funding from the State budget, preventing the expansion of their activities and affecting the implementation of existing programmes.

103. *Inclusion*: There are active associations of survivors in Croatia, with one of the most active being Mine Aid. This association intends to include mine and UXO survivors and members of their families in their activities. In addition, this association provides psychosocial treatment through the work of the expert team for crisis situations at the local level. Its task is to visit the landmine survivor and his/her family immediately after the accident and, besides providing psychosocial assistance, inform them about future steps in realization of their rights.